STATE OF MINNESOTA OFFICE OF ADMINISTRATIVE HEARINGS

Workers' Compensation Division, PO Box 64620, St. Paul, Minnesota 55164-0620

WID No.:	. NOTICE OF INTERVENIONS ELECTION
[Please use WID and NOT SSN.] Employee:	NOTICE OF INTERVENOR'S ELECTION TO APPEAR BY TELEPHONE AT
Date(s) of Injury: Intervenor:	PRETRIAL OR OTHER PREHEARING
•	ppear at the settlement conference, pretrial or other telephone, and will be reachable via the identified a number noted below.
Authorized Representative:	
Phone number:	
[Only one phone number	may be provided; only one will be used.]
Unless scheduled to appear simultaneous election, Intervenor acknowledges that	sly at more than one OAH proceeding, ¹ by filing this :
	not attempt to contact the Intervenor by deemed reasonable and necessary in the sole and
` '	ot contacted, its claim will be denied by order 176.361, subd. 4 (2014) and <i>Sumner v. Jim</i> inn. 2015).
(3) If the Intervenor desires to guarante	ee participation in the proceeding, it should
appear in person.	
email or facsimile transmission, and se the scheduled settlement conference, good cause is shown, untimely requests will be required.	e Office of Administrative Hearings, preferably by erved on all parties no later than 15 days prior to pretrial or other prehearing conference. Unless will not be considered and personal appearance
Dated:	

Copies of this form are available at: mn.gov/oah/workers/intervenor

¹ If simultaneously scheduled to appear at OAH proceedings, **after filing this Notice of Election** the Intervenor should proceed under paragraphs 4.d(2) or 6.d(2) of the Standing Order Regarding Intervention effective September 15, 2015.

WID	
DATE(S) OF CLAIMED INJURY	
STATE OF MINNESOTA }	ss. AFFIDAVIT OF SERVICE
COUNTY OF	33. ALTIDAVII OI DERVICE
I,	, state that on
I served a true and correct copy of the attached No	OTICE OF ELECTION, by placing it in a properly stamped and addressed
envelope in the United States mail or by sending it	electronically as indicated below:
Employee:	Employee Attorney:
Employer:	Employer/Insurer Attorney:
Insurer:	Other Party (Specify):
Other Party (Specify):	Other Party (Specify):
Cutoff any (openity).	Culor rany (oposity).
	I declare under penalty of perjury that everything I have stated in this document is true and correct.
Dated:	
	Signature Name:
	Address:
	City/State/Zip:

Telephone: